2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19296

FERGUSON, HUGH,

351 SUMMER SPRING COURT

JACKSONVILLE, FL 32225

Name:

Address:

City-St-Zip:

FILED Mar 07, 2008 Secretary of State

Entity Name: LA SOCIETE DES QUARANTE HOMMES ET HUIT CHEVAUX GRANDE VOITURE DE FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 1600 SHETTER AVENUE 227 FIFTEENTH AVENUE NORTH 104 318 JACKSONVILLE BEACH, FL 32250 US JACKSONVILLE BEACH, FL 32250 US **Current Mailing Address:** New Mailing Address: POST OFFICE BOX 51383 JACKSONVILLE BEACH, FL 32240 US FEI Number: 31-0923537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: NOLAN, JOSEPH E NOLAN, JOSEPH E 1600 SHETTER AVE. #318 227 FIFTEENTH AVENUE NORTH JACKSONVILLE BEACH, FL 32250 US 104 JACKSONVILLE BEACH, FL 32250 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: 03/07/2008 Electronic Signature of Registered Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **OFFICERS AND DIRECTORS:** () Delete () Change () Addition RAY, HAROLD. Name: Name: 15940 SE 65TH STREET Address: Address: City-St-Zip: OXLAWAHA, FL 32179 City-St-Zip: Title: () Delete Title: () Change () Addition Name: G. PAT BEAMER, Name: Address: 2413 FIRST AVE. BOX 804-V4 Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: Title: () Delete Title: () Change () Addition NOLAN, JOSEPH E., Name: Name: POST OFFICE BOX 51383 Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32240 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH E. NOLAN ST 03/07/2008